

# PHILADELPHIA MEDICAL TIMES.

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## ORIGINAL LECTURES.

### LECTURES

#### ON THE SURGERY OF THE NARES, LARYNX, AND TRACHEA.

BEING THE MÜTTER LECTURES FOR 1872.

Delivered before the College of Physicians of Philadelphia,

BY J. SOLIS COHEN, M.D.

Reported by R. M. BERTOLET, M.D.

#### LECTURE V.

(Continued from page 387.)

THE mucous membrane of the larynx and pharynx is often observed, in cases of chronic laryngitis accompanying phthisis, to have a decidedly anæmic appearance. It is also frequently seen in a swollen condition, with here and there irregular elevations of a red color,—patches that have been denuded of their epithelial covering. These appearances are generally seen upon the capituli Santorini at the points where they press together during phonation and deglutition; but the locality almost invariably and even characteristically affected is the inter-arytaenoidal fold, which is usually red, often with irregular projections in its laryngeal face that assume the appearance of small warts or vegetations during the progress of the disease. This locality—the laryngeal face of the meso-arytaenoidal fold—is, when the seat of disease, almost constantly covered by a layer of mucus or pus; and occasionally, when wiped clean with a sponge, discloses an irregular ulceration of the membrane, whose edematous, notched margins constitute the vegetations already alluded to.

The vocal cords are often intensely congested, so that they are as deep in color as the general laryngeal mucous membrane, and, should the latter be at all anæmic, even of a deeper red. Sometimes they are overlaid with enlarged vessels, and sometimes studded with points of ecchymosis. Occasionally similar distinct evidences of extravasation of blood will be found upon the lateral walls of the larynx; sometimes along the anterior wall of the trachea, even to its bifurcation.

In the more advanced stages of the affection, the mucous membrane undergoes erosion, and ulcers are formed, varying in shape and position. Sometimes the ulceration is confined to the posterior laryngeal wall, to one or both ventricular bands, to one or both ary-epiglottic folds, or to some other special structure; but, as a rule, the ulcers are apt to be produced at several localities, either simultaneously or in more or less rapid succession. The vocal cords also, sooner or later, undergo ulceration, and then their free margins present an irregularly jagged or toothed outline. The posterior portion of the cord is the site by far the most frequently affected. Sometimes the ventricular band becomes adherent to the vocal cord beneath it, obliterating the ventri-

cle; with this condition, or independently of it, one vocal cord is seen raised higher than its fellow, preventing their proper approximation, and producing persistent dysphonia. The general signs of inflammation in the larynx increase; the epiglottis is invaded, its edges as well as its laryngeal surface becoming indurated or ulcerated. The outer surface of the larynx becomes implicated, the pyramidal sinuses and the valleculæ are next affected, and the swollen structures become more and more irregular and deformed in outline, so that it is extremely difficult to describe or depict the altered appearances of the parts.

Irregular granulations are apt to spring up about the bases of the ulcerations, often forming, according to the lecturer, veritable neoplasms, which show a marked tendency to repululation, when removed for the relief of dyspnoea, and of tickling sensations that excite irrepressible cough. These vegetations may occur upon any part of the larynx, but are found most frequently upon the inner surface of the inter-arytaenoidal fold. The ulcerations are often mouths of sinuses leading from the diseased or dead cartilage, and are sometimes covered by fungus-like excrescences, analogous to those observed in the skin in the neighborhood of dead bone.

Ulcerative action, when once set up in the laryngitis of phthisis, is exceedingly difficult to control. It is apt to extend to the posterior laryngeal wall and the pharynx, and there gives rise to such impediments to deglutition that the patient is no longer able to swallow his food, and has to be nourished by the rectum. Necrosis and discharge of the laryngeal cartilages are apt to follow, if the patient survives long enough for the necessary changes to take place.

Phthisis, attended with the laryngeal complications just enumerated, is apt to be chronic in its character, continuing for a number of years; and is generally attended finally with ulceration of the trachea,—ulceration that may lead to perforation into the cesophagus.

The pain in the parts is not usually very great, nor is it severe upon external manipulation of the larynx, except the posterior wall be prominently invaded, when the lateral motion of the larynx will be very painful. In some cases, however, the pain is exceedingly severe, not, apparently, from the amount of ulcerative action going on, but rather from exposure, by the ulceration, of some nervous filaments.

These laryngeal ulcerations may make their appearance before the lung-trouble has progressed sufficiently to render its existence demonstrable by physical exploration; and, on the other hand, many cases of pulmonary tuberculosis proceed to their fatal issue without any involvement of the larynx; but in the vast majority of the cases the larynx becomes involved towards the latter stages of the disease.

Local treatment of the larynx and trachea, by means of inhalations, injections, or insufflations, is generally of benefit to the patient in the laryngitis of phthisis, though often inadequate to cure the disease. Sooner or later there is an involvement of

the cartilages, in the form of a chondritis or a perichondritis, generally resulting from extension of the diseased action previously going on in the soft tissues. This is the "laryngeal phthisis" of the earlier authorities. The arytenoid cartilages are more frequently thus affected than any of the others; and, impairing the movements of the vocal cords, there is necessarily always more or less aphonia present. The cricoid cartilage is not unfrequently secondarily affected from extension of the disease affecting the arytenoids. This condition is recognized, on laryngoscopic examination, by the oedematous swelling around some point of ulceration in the interarytenoid fold, or in the parts beneath the glottis.

Sometimes the disease extends to the anterior perichondrium of the thyroid cartilage, and thence to the subcutaneous tissues, forming an abscess which may give rise to a fistula. Schrötter\* narrates a case of laryngeal perichondritis without ulceration, in a tuberculous child ten years of age, which was soon followed by subcutaneous emphysema of the side of the neck, and, at a later date, by pleuritic exudation on the same side of the body.

When the epiglottis becomes the seat of perichondritis, it is converted into a thick fungus-like mass, almost always preventing a satisfactory view into the larynx. Sometimes it is the only cartilage attacked; but more frequently the arytenoid cartilages, or at least those of Santorini, are also diseased.

Perichondritis is attended usually with all the symptoms and changes of chronic laryngeal oedema. The diagnosis of this condition can usually be confirmed by the pain and tenderness produced when external pressure is made upon the larynx. The process of exfoliation of the necrosed cartilage is usually a very painful one, on account of the pressure of the sharp edges of the cartilage upon the inflamed superposed membrane, provoking frequent spasms of cough from the almost constant titillation of the parts, and often producing great pain upon swallowing. At this time it is well to nourish the patient by enemata, containing wine and quinine to sustain the strength, and anodyne enough to keep up a state of somnolency and thus lessen suffering. Ice can be kept in the mouth to allay thirst, which may also be partially allayed by frequent sponging of the entire cutaneous surface; and anodyne inhalations may be employed to soothe the inflamed tissues by their local influence.

If the necrosed cartilage can be recognized in the mirror, its progress towards detachment can sometimes be assisted with the laryngeal forceps. Such violent dyspnoea may result when the exfoliated cartilage becomes impacted in the glottis, that tracheotomy may have to be resorted to without delay. Great improvement in the local and general symptoms follows the discharge of the cartilage. Usually, however, the disease is inevitably and progressively fatal; and, after death, evidences are found of extensive participation in the disease on the part of the rings of the trachea, some of

which may have even been detached and expectorated during life.

#### THE CHRONIC LARYNGITIS OF SYPHILIS.

This affection, as seen with the laryngoscope, cannot be distinguished with certainty from other forms of chronic laryngitis. The history of the case, and the evidences of analogous disease in other parts of the body, must be taken into consideration in forming a diagnosis. The general appearances of chronic laryngitis having been mentioned in the preceding portion of the lecture, a few special points only remain to be considered. The ulcerations that accompany tertiary syphilis may attack any and every portion of the larynx, and are usually round in outline, with undermined edges, and covered with grayish-yellow deposit; features which may almost always be regarded as characteristic. The presence of cicatrization marking the presence of former ulcers is almost presumptive evidence of syphilis, inasmuch as ulcerations of the larynx rarely heal during the active progress of tuberculosis or carcinoma. The swelling of the tissues in the neighborhood of these ulcerations is apt to be of firmer consistence, or more indurated, than the swellings observed in tuberculosis, and there is not apt to be so abundant a secretion of mucus or pus as there is in the latter affection.

Syphilitic laryngitis is also usually accompanied, in its later manifestations, with syphilitic inflammation of the hard and soft tissues of the palate and pharynx, often leading to necrosis and discharge of portions of the underlying bony structure. The specific ulceration extends deeply and widely; causing such extensive destruction of the cartilages, and the denudation of such large surfaces, that in the cicatrization of the tissues the calibre of the laryngeal cavity is considerably diminished, often to such an extent as to demand the operation of tracheotomy merely for the relief of the dyspnoea produced by the stenosis. When the ulceration extends into the cartilage, this structure becomes necrosed and detached from its connections, and is apt to be coughed up; but if it be situated beneath the glottis, it may induce paroxysms of suffocation, or actual asphyxia, from its presence as a foreign body. The arytenoid and cricoid cartilages are those which are most apt to produce this complication, though occasionally it is effected by exfoliation of part of the thyroid. The epiglottis is almost invariably involved; frequently it is entirely destroyed, leaving a mere stump to represent the organ. This condition does not prevent deglutition, and sometimes does not even interfere with it.

Syphilitic chondritis, or perichondritis, which follows the specific ulceration of the mucous membrane, produces more or less infiltration in the adjacent sub-mucous tissue, presenting a condition which may be regarded as chronic oedema, and may necessitate tracheotomy. The trachea is also often involved; many of its cartilaginous rings are necrosed and expectorated; extensive ulcers are formed, the cicatrization of which produces constriction or stenosis of the tube, which, when low down, can

\* Jahresbericht, Wien, 1871, p. 60.

rarely be relieved, even by the performance of tracheotomy.

Frequently several ulcers will be seen occupying different parts of the larynx; they are rarely confined to one side, and are often symmetrically arranged upon the two sides; thus presenting a marked contrast to the ulcerations accompanying the laryngitis of phthisis. The sub-mucous infiltrations are sometimes developed into a dense fibrous tissue incapable of undergoing absorption; thus eventuating in permanent deformity and constriction of the larynx.

The vocal cords may become adherent to one another, or may be united by a broad fibrinous membrane stretching between them; dyspnoea and more or less complete dysphonia, or even aphonia, will be induced by this condition. Various laryngoscopic operations have been resorted to, for the relief of this condition, by division of the adhesions, but they have often been attended with failure, on account of the great tendency to re-cicatrization and consequent reproduction of the condition. Under circumstances of this character, it would appear proper to open the larynx externally, by division of the thyroid cartilage, and to excise the whole of the cicatricial tissue.

#### THE TREATMENT OF CHRONIC LARYNGITIS.

The treatment of chronic laryngitis demands, in addition to the application of local remedies, that the condition of the system be improved by a due attention to diet, clothing, exposure, and a proper maintenance of the functions of the skin and other emunctories. The local remedies may be inhaled in the form of spray, in weak solution, or, better still, may be applied directly to the parts in strong solution, by the laryngeal douche, or by the brush or sponge. When there is an excess of secretion, astringent inhalations are applicable several times during the course of the day. Alum or tannin, five to ten grains; sulphate of zinc or copper, two grains and upwards to the ounce; acetate of lead or carbolic acid in similar proportion; the sesquichlorate of iron, in very weak solution, are the most efficient of the many therapeutic remedies employed as astringents. When the parts are dry, and it is desirable to increase the secretions of the mucous membrane, the most useful applications will be found to be muriate of ammonia, five grains and upwards to the ounce; chloride or iodide of potassium, in similar proportion; or the compound solution of iodine and iodide of potassium, two or three drops to the ounce. To these inhalations small quantities of narcotics, such as the watery extracts of opium, hyoscyamus, etc., may be added if there is severe pain in the parts.

Local treatment of this kind is adequate only to the milder forms of the affection; and more potent remedies should at once be topically applied in cases of long standing or of great severity. Nitrate of silver and sulphate of zinc in ordinary cases of chronic laryngitis, tannin in cases associated with phthisis, and the acid nitrate of mercury in syphilitic

cases, are the local remedies that have been found the most beneficial. The strength of the solution of nitrate of silver employed varies from forty grains to the ounce up to one hundred and twenty, and occasionally a saturated solution is employed. The tolerance of the parts, and the amount of reaction manifested, must be the guides as to the strength of the solution that is to be employed. It will be found better to make a decided impression by a severe application, and wait several days for its effects to subside before renewing it, than to torment the inflamed structures by the daily application of mild, and consequently too often inefficient, solutions. Twenty to thirty grains of sulphate of zinc to the ounce is the strength generally employed, and it is best applied by means of the laryngeal douche or syringe; while the sponge or brush should be used in making applications of nitrate of silver.

Local applications can often be advantageously made in the form of powders. Alum, tannin, nitrate of silver, and other remedies, are often used in this way, a little morphia being added when indicated for the relief of pain or cough. Scariification and more active local treatment are demanded in ulcerative laryngitis, especially when attended with a severe inflammatory or edematous condition of the epiglottis and the upper parts of the larynx. This occurs chiefly in phthisis, sometimes in syphilis, occasionally in simple chronic laryngitis. The local use of sweet oil in this condition will sometimes alleviate the painful deglutition; and Dr. Gibb advises the similar use of a strong solution of bromide of ammonium (in glycerine), as well as its internal administration. Powder of morphia diluted with some innocuous material, as gum arabic, sugar, or lycopodium, when applied to the ulcerations, acts very beneficially. Sugar, when applied as a diluent, sometimes increases the suffering for a time; though it does seem, at times, to exert a good influence upon the ulcerative action. These applications should be repeated several times a day, according to the nature of the effects produced, care being taken that an application be made within an hour of each meal-time, so that advantage can be taken of their soothing effect upon the parts for the introduction of nourishment.

The same local treatment will be found applicable in the chronic laryngitis of phthisis. Although not always by any means curative, yet it is almost always indispensable as a means of relief, in conjunction with the constitutional treatment, which must be mainly hygienic and tonic. Tracheotomy has been recommended for the purpose of securing rest to the inflamed and ulcerated larynx; and such a result has sometimes been obtained. It cannot, however, be curative, directly or indirectly; and should be only resorted to when there is danger from asphyxia resulting from oedema or the impaction of a necrosed cartilage.

The treatment of syphilitic laryngitis in its secondary catarrhal or ulcerative manifestations does not differ from that of ordinary laryngitis. In the tertiary forms of syphilis, however, the disease can

only be arrested by specific treatment, which, in the lecturer's hands, consists usually in the local application of diluted acid nitrate of mercury, and the internal use of iodide of potassium and bichloride of mercury. The constrictions of the laryngeal cavity produced by the cicatrices of large ulcers, and the adhesions between adjoining surfaces, often exist to such a degree as to render tracheotomy and the permanent wearing of a tube necessary.

### CLINICAL LECTURE ON LIGATION OF THE SUBCLAVIAN ARTERY.

OPERATION PERFORMED AT THE JEFFERSON MEDICAL COLLEGE, DECEMBER 21, 1872.

BY F. F. MAURY, M.D.,

One of the Surgeons to the Philadelphia Hospital, and Lecturer on Venereal and Cutaneous Diseases in the Jefferson Medical College.

Reported by FRANK WOODBURY, M.D.

**GENTLEMEN**—Through the great kindness of Professor Gross, who has yielded me the remaining moments of his clinical hour, I am enabled briefly to invite your attention to a subject of unusual interest and importance. The case is one of large spontaneous aneurism of the right axillary artery, which by mechanical obstruction to the circulation has produced great edema of the arm, with severe neuralgic pains, and whose constantly increasing size threatens the patient's life, and demands operative interference. Treatment by compression of the artery has been faithfully tried and exhausted in this case, as I shall presently describe, but without controlling the growth of the aneurism or indeed producing any appreciable effect on its walls: I am, therefore, driven as a *dernier ressort* to ligation of the subclavian artery, this course affording the only hope, although a feeble one, of saving the patient.

While he is taking the anæsthetic, I will make a few remarks on the general subject of ligation of the subclavian artery, and then proceed to give the history of this particular case, and the treatment to which it has been faithfully but ineffectually subjected for the two months just past, during which it has been in my charge at the Philadelphia Hospital.

In order to appreciate the difficulties and dangers attending the ligation of this vessel, it will be necessary briefly to recall to you its anatomy, both in regard to its position and its relations with surrounding parts. It is scarcely necessary to remind you that the subclavian arteries differ in their origin, that of the right side coming from the innominate artery, while the left springs directly from the aorta. From this varied origin the arteries, in their normal arrangement, pass upward and outward to the root of the neck, over the first rib, behind the scalenus anticus muscle, and thence downward and outward to the lower border of the first rib, where they terminate in the axillary arteries. The subclavian arteries, therefore, are divided surgically into three parts by the scalenus anticus: first, the

part internal to the muscle; second, the part which is behind it; and third, the portion external to it. The difference in the origin and course of the right and left vessels is limited to the first portion, the second and third parts being precisely alike.

Operations upon the first portion of the subclavian artery necessarily vary in their conditions, according to whether the ligature is to be applied to that of the right or the left side. The greater depth of the artery on the left side, and its close relationship with the pleura, render its ligation exceedingly difficult, and the immediate proximity of important vessels and nerves enhances the risk of the operation, and renders its ultimate success practically impossible. It has been twice performed, I believe, but in both instances unsuccessfully. In Sir Astley Cooper's case, he accidentally injured the thoracic duct, and lost his patient. The operation was afterwards performed with greater success by Dr. J. K. Rodgers, of New York, whose patient lived until the fifteenth day, when he perished from recurrent hemorrhage from the vertebral artery. Guenther, in his "Operations-lehre," has collated ten cases of ligation of this artery on the tracheal aspect of the scalenus muscle, up to 1869, with the following results:

The operation was performed for aneurism in seven of the cases, in the other three the cause was not given; seven operations were performed on the right side, and in the remaining three the location was not mentioned. A fatal result followed in seven cases, in two the result was not given, and but one case was successful. Five of the cases were men, two were women, and in three the sex was not stated.

The successful case was one performed by Warren in 1849, in which the artery was in an abnormal position; it "did not lie upon the first rib, but 1" from the edge of the trapezius muscle, remote from this parallel."\* This case, then, can scarcely be admitted as a precedent in estimating the results of ligation of the subclavian proper in its first portion; nor can the subsequent one of Mr. Liston's, in which he succeeded in saving his patient by tying simultaneously the common carotid and the first portion of the subclavian, for an aneurism above the clavicle. The discouraging nature of the results obtained from this operation renders it of questionable propriety,—one that should not be undertaken except as a last resort when other means have failed.

When a large aneurism forces the clavicle upward, and involves the third portion of the subclavian so as to render impracticable the ligation of this part of the artery, it has been recommended to tie the vessel behind the muscle. In order to reach the second portion it is necessary to divide the scalenus anticus muscle, upon which rests the phrenic nerve, and along whose inner border lies the jugular vein, while the pleura is in close proximity. In addition to these difficulties, the danger is enhanced by the origin of its larger branches, which arise immediately internal to this point; altogether rendering

\* Guenther, *op. cit.*

the operation upon this portion one to be avoided. Dr. Thomas G. Morton, of this city, ligated the left subclavian between the scaleni muscles; he was afterwards obliged to amputate at the shoulder on account of gangrene of the arm, from which, however, the patient finally made a good recovery.

When the choice is offered to the surgeon, the third portion is always chosen for ligation, on account of its being comparatively superficial, and farthest from the origin of the great branches. There are a number of cases on record in which the artery has been successfully tied in this situation, generally for the treatment of aneurism; operations on the right side giving, on the average, slightly better results than the left. The first recorded ligation of the subclavian artery for axillary aneurism, in this country, was performed at the Philadelphia Hospital by Dr. Gibson, who lost his patient on the fifth day; the first case in which it was successfully performed occurred in the practice of Dr. Post, of New York, in 1817. Afterwards, the late Mr. Syme, of Edinburgh, cut open an axillary aneurism, turned out its contents, and tied both ends of the artery; he was afterwards obliged to amputate at the shoulder, on account of gangrene of the arm, but succeeded in saving his patient. Desault records two cases, both unsuccessful. After the operation, patients generally die of pleuritis, pneumonia, hemorrhage, pericarditis, shock, pyemia, or gangrene. Of twenty-one cases, tabulated by Mr. Poland, of ligation of this vessel in its second or third portion, there were nine recoveries and twelve deaths. In the successful cases, three were subclavian and six subclavio-axillary aneurisms, and in none of them did the size of the tumor exceed that of a hen's egg. The fatal cases were all subclavio-axillary aneurisms, eight of which perished from hemorrhage.\* Prof. Gross, in 1841, collated twenty-seven cases of axillary aneurism for which the subclavian artery was tied; seventeen of the operations being followed by recovery. In three of the cases the artery was tied in its first portion, all of which terminated fatally. The operation of ligation of the third division of the artery, although it has given more favorable results than either of its other portions, is still attended by a high rate of mortality, and, when determined upon, the patient should be apprised of the character of the undertaking, and be carefully prepared for it physically. Our patient is fully aware of the nature of the case, but still insists on the operation; by my advice he has settled all his affairs, and has come here prepared either for an unfavorable termination or to stay until he is discharged cured.

This man is fifty-two years of age, and was born in Germany, but is now a resident of Williamsport, in this State, where he has a family. For a number of years he has commanded a canal-boat, and, living in the open air, his health has been always good, with the exception of an occasional attack of rheumatism. About eight years ago, a spontaneous aneurism formed at the lowest portion of the femoral artery. Coming to the Pennsylvania

Hospital for treatment, the artery was ligated at about the middle of the thigh, by Dr. Hewson. Secondary hemorrhage followed, but was promptly controlled, and he recovered without subsequent trouble.

About ten months ago, towards the latter part of February, he experienced pain and swelling in the front of his chest and right shoulder, which he considered rheumatic; this was accompanied by neuralgic pains shooting down the arm, especially along the distribution of the ulnar nerve. In August last, a tumor was first noticed in front of the axilla, which brought him to the hospital. I then found a circumscribed tumor under the clavicle, which was evidently aneurismal, and was then about the size of a hen's egg. I decided to defer treatment on account of the hot weather, and told him to return two months later. When he came back to the hospital his general condition was much the same as before, except that he had lost all use of his right arm, which was very edematous, and painful when moved; the tumor had doubled in size, was forcing up the clavicle, and had extended into the axilla. Being averse to ligation of this vessel, on account of its risk to the patient, I resolved that before resorting to it I would give the virtues of compression a thorough trial; by which I hoped a successful result might be attained with much less danger.

Compression of the axillary artery, in consequence of its being imbedded in soft structures, has not been found either available or effective; but the subclavian is much more accessible; where it passes over the first rib it may easily be controlled even by pressure with the finger, so as to stop pulsation in the tumor and in the radial artery. It then occurred to me that if an apparatus could be constructed so as to compress the artery in this situation for a few hours at a time through a number of days, avoiding on the one hand the brachial plexus of nerves, and on the other the subclavian vein, a temporary stasis of the blood might be established, followed by the internal deposit of fibrin on the walls of the tumor, and gradual obliteration of its cavity, thus curing the aneurism. By this means we would avoid the danger of gangrene of the sac, which would almost certainly follow sudden complete coagulation of the blood in the tumor, and the subsequent suppuration, and probable pyemia. Acting upon this, I devised an apparatus, which Mr. Gemrig made for me, consisting essentially of a steel buckskin-covered bow, passing over the shoulder, containing a small tourniquet to screw down upon the artery; this was fastened front and back to a padded perineal band, and to a broad band of webbing going around the chest, to secure it all in position. The tourniquet was made freely movable in the antero-posterior plane, so that it might not be displaced in the involuntary motions of the body, as in respiration; it could, however, be fixed in position at any inclination by means of a slot and screw.

The details of this case are interesting, as it is the first case recorded in this country, to my knowledge, where systematic compression of this artery

\* Quoted from Gross's System of Surgery, fifth edition.

has been resorted to for the cure of axillary aneurism.

Before the apparatus was completed, the artery was compressed upon the first rib by a tourniquet with a handle, which was held in position by an assistant, with the following result:

October 23.—Compression was kept up for five hours, the patient being fully anaesthetized with Squibb's stronger ether during the process. Some difficulty was experienced in commanding the current of blood through the vessel, slight movements being sufficient to throw the compress from the artery. During the operation the aneurism became quite small and firm, retreating into the axillary space, but when the pressure was removed no marked improvement was noticed.

October 31.—The patient was again anaesthetized, and the pressure maintained for five and a quarter hours. The tumor appeared somewhat smaller and did not pulsate so strongly after these two sittings; during which the brachial artery was controlled by the fingers of an assistant, thus combining the advantages of the Hunterian operation and Brasdor's. After both occasions the patient suffered severe pain darting down the arm, coming on in paroxysms, generally early in the evening, for several days. This was controlled by large doses of morphia, and anaesthetics. Tincture of aconite was given in sufficient doses to reduce the pulse.

The apparatus was completed on the 20th of November, and applied in the presence of Prof. Gross and my colleagues at the Philadelphia Hospital. Prof. Gross gave as his opinion that ligation would be the only effective treatment, but acknowledged, with the others present, that the circulation in the tumor and radial artery was perfectly controlled by the apparatus. Dr. H. C. Wood, Jr., after auscultation, pronounced the aorta probably atheromatous. The existence of such a condition of the vessels I had already suspected, from the fact of this being the second spontaneous aneurism, and this disease of the arteries made me regard ligation with still less favor.

A slight alteration being required in the apparatus, compression was not regularly instituted until a week later. The following record of the treatment is kindly furnished by Dr. E. W. Stone, my resident physician; the patient during the compression being in the sitting position, and not under the influence of ether:

November 27.—The improved apparatus was applied, and pressure kept up one hour. Half a grain of morphia was given hypodermically.

November 28.—Pressure applied for three-quarters of an hour.

November 29.—Applied for one hour and five minutes.

November 30.—Pressed for one hour and twenty-five minutes.

December 1.—Pressure taken off after fifty minutes.

December 2.—Pulsations controlled for one hour and fifty-five minutes.

December 3.—Artery compressed for two hours and ten minutes.

December 4.—Apparatus applied for three-quarters of an hour in the afternoon, one hour in the evening.

December 5.—Controlled for two hours and fifteen minutes.

December 6.—Pressure for one hour.

December 7.—Pressure maintained for two hours. December 9.—Apparatus kept on for three hours and five minutes.

December 10.—Two and three-quarter hours in the morning, three hours in afternoon, one hour in evening.

December 11.—Four hours in morning, one hour and fifteen minutes in afternoon.

December 12.—Compressed for one hour and thirty minutes.

December 14.—Compressed for two hours and thirty minutes.

December 15.—One hour and five minutes.

During these sittings morphia was used hypodermically,—one grain being generally given in two doses. This was usually sufficient to control pain and inconvenience from the pressure of the tourniquet; but when neuralgic pain in the arm set in the pressure always had to be removed, the morphia being of no avail to prevent it. It was found that as the parts over the clavicle became quite tender in a few days, the artery could be much more readily controlled by shifting the pad of the tourniquet inward towards the median line and directing it backward against the transverse processes of the cervical vertebrae. While this pressure was being carried on, much of the œdema in the arm disappeared, and the arm itself became more tolerant of manipulation; the tumor became somewhat more consistent, and did not pulsate so strongly.

Treatment by compression has been faithfully tried in this case without accomplishing the cure of the aneurism, and the pressure finally caused such neuralgia along the nerve-trunks of the arm and hand that we were obliged to desist. The impulse of the tumor has slightly diminished, while its resistance to pressure has increased, showing some thickening of its walls. In connection with compression I have thought of electro-puncture, or the injection of a few drops of the perchloride of iron; but, as they would produce immediate coagulation of the blood and thus subject the patient to the dangers of gangrene of the clot and pyemia, I think that ligation of the subclavian artery would give the patient the better chance for his life. I adopt this course more confidently because it meets the approval of such distinguished gentlemen as Professors Gross and Pancoast, who are present to assist at the operation, and Drs. Packard, Brinton, Pancoast, Allen, and others.

I will not detain you with an account of the details of the operation, but will merely state that I will first make a transverse incision through the skin and platysma myoid, along the upper border of the clavicle. Reflecting back the flaps, the field of operation is before me, with plenty of room for the subsequent steps of the operation. Reaching the artery, a curved aneurism-needle is passed under it, from before backwards, and the artery secured with a silk ligature. The vein was not injured, and the wound is brought partly together, and cold-water dressing applied. The operation itself, thus far, is perfectly successful; the patient will be kept absolutely at rest in the horizontal position, and be supported with a light but nourishing diet. We have given the patient the only chance for his life

in our power, and now can but hope for the best result from our endeavors.

Saturday, January 5, 1873.—Dr. Maury came before the clinical class to announce the unfavorable termination of the case, exhibit the post-mortem results, and relate the progress of the patient after the operation.

December 21, 1872.—Half an hour after the operation, he appeared to be suffering no pain, and the pulse was 78. During the evening he felt well and was very talkative, but had some occasional pain in the tumor. He woke in the night, after sleeping soundly, complaining of intense pain, for which he had a half-grain of morphia, which relieved him, and he fell asleep again.

December 22.—After a good night's sleep, he woke complaining of pain and cramps in the arm, which were controlled by one-third of a grain of morphia. Three hours later there was no pain and no pulsation in the tumor. Pulse 80.

December 23.—Slept well; took one and a twelfth grain of morphia through the day to relieve pain and restlessness. Appetite fair; no fever; skin moist. Pulse 84.

December 24, 25, 26.—Still doing well, and appetite improving. Severe pain at times, controlled by an anodyne. On the evening of the 26th, pulsation in the radial artery was detected. Pulse 88.

December 27 and 28.—Doing well, but suffering, at times, intense pain; he said that otherwise he felt well, and ate with a good appetite.

December 29.—He slept well all night without morphia. He ate a very hearty dinner, and in the afternoon was feverish and thirsty. Pulse 96. He complained of pain in the arm at intervals.

December 30.—He was restless during the night, and rather flighty at times. He complained of a feeling of great oppression in his chest, and the nurse had to raise him up in bed to breathe. He was thirsty and feverish, and, towards morning, sweated profusely. He ate no breakfast nor dinner, and seemed inclined to sleep. In the evening, as his bowels had not been moved since the day of the operation, a dose of castor oil was administered. This produced a large evacuation, besides making him sick at his stomach, and causing vomiting.

December 31.—He had no sleep whatever during the night, on account of pain in the wound and in the arm. He had no appetite for breakfast, and took three-quarters of a grain of morphia through the morning. At 11 A.M. he had a hemorrhage from the wound, losing about three ounces of blood. He was ordered one grain of opium, in pill, every hour, for four hours. Pulse at 2 P.M. was 116. At 2.45 P.M. he had another hemorrhage, and lost, in all, about a pint of blood. He was directed to take, every hour, five drops of tincture of aconite, until three doses were taken. The last and fatal hemorrhage gushed out in full stream, at about 8.25 P.M. This was controlled almost immediately by the fingers of the nurse, but the patient rapidly sank, and died at 11.10 P.M., on the tenth day from the operation.

The post-mortem showed the ligature in good position and just ulcerating through. The aorta and heart were in an advanced stage of fatty degeneration, and plates of calcareous deposit existed in its valves and in the walls of the aorta. The subclavian artery was in part filled with fibrinous coagulum, and partly with a soft clot, evidently more recent, from the innominate to the ligature. The hemorrhage was the cause of the fatal result in this case, and leads us to the impression that without tying, in addition, the common carotid or some of the large branches of the subclavian, the dangers of the ligation of this artery are such as to make the operation, as a rule, unsuccessful; while by simultaneously securing these vessels a probable failure may be transformed into a possible success.

## ORIGINAL COMMUNICATIONS.

### A CASE OF ACUTE TUBERCULAR MENINGITIS.

BY C. SEYMOUR, M.D.,  
Hinsdale, Mass.

TUBERCULAR meningitis in so acute a form as was exhibited in the following case is to me a somewhat rare disease. The case, from its earliest manifestation to its close, occupied only eighteen days. There was no prodromic stage whatever, as is the common event in this disease; and no acceleration of the pulse in the earlier stages. Not a single convulsion occurred, and there was never any paralysis. In these points the case was of especial interest.

George P., æt. 11, a bright, promising boy, with black hair and eyes, and a light thin skin, complained, February 1, of frontal headache, anorexia, and general malaise. Pulse 76. For a week he manifested little alteration, with the exception of extreme peevishness of temper, an increasing disposition to be left entirely undisturbed, and a gradually decreasing pulse until it reached 52, being at the same time very irregular. He vomited once, and this was the only time during his illness. His bowels now remained constipated. Special senses of sight and hearing became morbidly acute. On the 11th he passed into the stage of delirium, which continued two days. This was followed for a day with somnolency, in which his intelligence was easily aroused, but would as easily lapse again into a peaceful slumber. This state was succeeded by the final one of coma, not profound at first, but gradually deepening, the pupils becoming dilated and unlike, and unresponsive to light, the right lid drooping, the breathing growing stertorous, the pulse now going up rapidly to 160 and higher, until death took place on the 18th. The three stages were thus well marked: the cephalgia, the delirium, and the coma. *The pulse was not rapid at first, but declined in the second stage, then rapidly increased in frequency in the last stage.* Constipation was present, with but a single evacuation of the bowels, and that involuntarily, during the delirium.

Autopsy by Dr. J. F. A. Adams, of Pittsfield.

The meningeal vessels were found highly engorged with blood; tubercular masses in abundance were clustered upon the summit of the brain, imbedded in the pia mater; and at the base of the brain and about the fissures of Sylvius these yellow granulations were abundant, especially in the processes of the pia mater as they dipped down between the convolutions. This membrane itself was thickened, opalescent, and firmly adherent to the cerebral substance. The ventricles contained over three ounces of an amber-colored fluid.

**TREATMENT OF HOOPING-COUGH.**—Dr. Charles Kelly, in *The Practitioner* for March, 1873, reports some experiments with belladonna in this disease. It was given in full doses,  $\text{W}x$  to  $\text{Zss}$ . of the tincture every two, three, or four hours, for four or five days at a time; and the effect seemed to be to lessen the severity and duration of the coughing-spells.

Dr. Berry, of Lancaster, is quoted in the same journal as advocating the use of dilute nitric acid,  $\text{W}v$  to  $\text{xv}$ , given in simple syrup every three or four hours. He thinks it not only allayed the cough and spasm, but actually cut short the disease.

PHILADELPHIA  
**MEDICAL TIMES.**  
 A WEEKLY JOURNAL OF  
 MEDICAL AND SURGICAL SCIENCE.

*The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.*

*We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.*

*All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.*

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SATURDAY, MARCH 29, 1873.

EDITORIAL.

THE PARTY OF THE OTHER PART.

READERS of this journal will hardly need to be told of our earnest opposition to the whole business of diploma-selling. But, on the other hand, we are quite as much inclined to blame the buyers or would-be buyers of degrees. We will venture to say that there is not a single one of the many who have nibbled at the bait thrown out by bogus colleges, or bought their worthless wares, who did not know that in so doing he was a party to a fraud.

The makers of counterfeit money and of counterfeit diplomas would be alike innocent if they had no market upon which to throw their products, nor a public to be deceived and swindled by the uttering of them. The "coiner" must have his "shover," and the seller of the degree *in absentia* must have his ignorant and unqualified customer, who will trade upon the unsuspecting patients or clients who regard his title as genuine.

A recent number of the *British Medical Journal* contains a letter from one who signs himself "A Victim," and confesses that he paid £42 for two degrees, one of M.D. and one of LL.D. The editor justly declines to pity him. He ought to have known that no such proposition could be made in good faith,—that he could not get a certificate of qualification, worth the paper it was written on, without proper study and examination. It is a good thing to break down the traffic in diplomas by closing the bogus schools which issue them; it

would be still better to do it, if possible, by dealing with those who are willing to become their patrons, and who are equally parties to the fraud.

MORBID CURIOSITY.

THERE are few more curious or more unpleasant psychological phenomena than the enjoyment experienced by the great mass of mankind in dwelling on the details of crime and its punishment. No novel has ever had more eager readers than the Newgate Calendar; and perhaps no book, not manifestly immoral in its principles and objects, has ever had a greater influence for evil. It was, we believe, Sir Joshua Reynolds who told one of his art-pupils never to look at a bad picture if he could help it. The tendency to unconscious imitation is too strong in the human mind, to make the study of crime, except for the direct purpose of its prevention, a safe pursuit.

We are led to these remarks by the fact that all over this country the newspapers are full of the revolting details of the crime and punishment of the wretched Foster, in New York. Thousands of young minds are probably this evening (March 21) gloating over the narrative. We do not believe that those who control these potent agencies of good or evil can realize the poisonous character of the matter they help to spread, or their responsibility for the harm so done.

LEADING ARTICLES.

LEGISLATION RESPECTING EXPERT TESTIMONY.

SENATOR WALLACE has introduced a bill into the Senate of this State for the purpose of providing reliable expert testimony in criminal trials where the defence is insanity. By this bill, parties wishing to avail themselves of this defence are obliged to give notice beforehand to the court, which then appoints a commission composed of two physicians and one lawyer, who are to make thorough inquisition of the case. Their conclusions respecting the mental condition of the party, unaccompanied by note or comment, are to be transmitted to the court, and given to the court and jury as "persuasive evidence" in the subsequent trial, in which, however, the prisoner is not debarred from calling such other expert witnesses as he chooses.

It passes our comprehension to see what would be

gained by this proceeding, except to substitute two trials for one, with double cost and trouble. None of the familiar objections against expert testimony as received at present would be obviated; because, if we rightly understand the bill, the jury trial is to suffer no change from the ordinary mode of procedure. The prisoner may call any number of witnesses, skilled or unskilled, competent or incompetent, paid or unpaid for their opinion, to prove insanity. Neither would anything be *settled* by the commission. They are obliged to testify at the trial and give reasons for their opinion, precisely as if it had not been already used as "persuasive evidence;" they may be badgered by counsel bent on making the worse appear the better reason, and forced to contradict themselves by an artful juggling of hypothetical cases or some paltry shuffling of ordinary facts. The only conceivable benefit to be obtained from this commission would be that of getting two expert witnesses free from the bias produced by being employed and paid by the prisoner, the bias on the other side remaining as strong as ever. We are not disposed to undervalue this benefit, but it would be so far outweighed by other considerations as to be, in practice, of comparatively little account. What is wanted above all things else is real skill; and that is no more likely to be furnished by the court than by the parties in the case.

Then, too, it is to be considered that the members of the commission may not agree in their conclusions. One may find the prisoner quite crazy and devoid of responsibility; another may regard him as only partially insane, and more or less responsible; while the third may believe that the apparent insanity is nothing more than a form of depravity. By what contrivance of examination-in-chief and cross-examination on the trial, these several opinions are to be attacked and defended, is not very obvious. But it is very clear that such discrepancy can be scarcely less damaging to the cause of justice, than those discrepancies which are so much complained of now.

The manner in which the commission is to be compensated for their services would greatly hinder the successful working of even a better provision than this. The court is directed to fix the compensation according to its own discretion, for no rate is prescribed. It needs little worldly wisdom to predict as a consequence of such an arrangement any amount of disappointment and dissatisfaction. The value of men's services, generally speaking, is not always estimated alike by employer and employed; and in the case of scientific service like this, the diversity of estimate may be of the widest

kind. If the court were guided by the measure of its own salaries, we are inclined to think it would seldom have the opportunity to employ men fully competent for the purpose, and whose conclusions would be satisfactory to the public. To prevent any uncertainty on this point, we must suppose a bargain to be made beforehand, and that also supposes a scene of dickering between the court and the expert, not calculated to exalt our notions of judicial dignity. The tendency of this provision, obviously, is to put into such commissions persons of inferior attainments, while the prisoner and his friends might spare no expense in securing the services of experts of the highest reputation in their profession. The State need not expect to obtain men for this purpose, of acknowledged competence, unless it is willing to pay them somewhat according to their own notions of what they are worth.

We regret to be obliged to throw cold water on any well-meaning attempt, as we sincerely believe Senator Wallace's is, to remove the impediments to a satisfactory administration of justice in the class of cases in question, but we strongly doubt if true reform lies in that direction. With no disposition to underrate the real delinquencies of experts, we insist that much that passes for such is but the unavoidable and legitimate result of scientific inquiry. When scientific men shall be conducted to their conclusions by some sort of miraculous endowment, they will undoubtedly all agree, and their utterances will be infallible; but until then we shall doubt the wisdom, if not the practicability, of any mode of procedure that necessarily prevents disagreement. "'Tis true, and pity 'tis 'tis true," that men not unfrequently thrust themselves as experts upon the witness-stand who have no business there; but if our juries were constituted as they should be, little harm would come from their testimony. It is because of the well-known stupidity of juries and their lack of any sense of responsibility, that such so-called experts have presumed to inflict their presence upon our courts of justice. When we shall have ceased excusing from jury-duty almost every man tolerably competent to perform it, and putting into the jury-box men hardly knowing their right hand from their left, we shall have little occasion to complain of the delinquency of expert witnesses. If Senator Wallace and others of like intent would devise some legislation with the view of improving the character of our juries, they would do more towards relieving us of objectionable experts than they can by the most ingeniously contrived commissions.

## CORRESPONDENCE.

## LONDON LETTER.

[From Our Own Correspondent.]

The Case of the Emperor Napoleon—Clinical Lecture by Sir Henry Thompson—Hunterian Oration by Mr. Hancock—The Societies—Centenary of the Medical Society of London—The New Obstetric Journal—The London Anniversary of the British Medical Association.

LONDON, March 3, 1873.

WE have not ceased to discuss the case of Napoleon III. The somewhat provoking delay in the publication of the promised detailed account of the case by the Emperor's private attendants has indeed rather excited than dulled our interest in the subject. This delay is due, it is stated, to the absence of M. Conneau from London; but it is not altogether advantageous, as it leads to continued public criticisms without sufficient data. The graver monthly journals, such as the *Edinburgh Medical Journal* and *The Practitioner*, in their numbers just issued, discuss the case, and both condemn the treatment; but the articles bear traces of an injudicious reliance upon mere hearsay, and, indeed, contain assumptions which I have reason to know to be contrary to the fact. Both assume that the operation and treatment were guided by a conviction that the kidneys were sound, and it is roundly intimated that a knowledge of the earlier history of the case and of the consultation of MM. Nélaton, See, and Ricord was withheld from the London doctors concerned. This was not so.

In a very interesting clinical lecture delivered by Sir Henry Thompson on Saturday last at University College Hospital, he boldly discussed the subject of the influence of renal disease on the choice of operation for vesical calculus. He started by pointing out that the grounds of choice now are very different from what they were twenty years ago, and that the data most generally relied on by those who have recently written upon the subject belong rather to a by-gone period than to the present day. The statistics of mortality from lithotomy have not varied perceptibly during the last thirty years. It is quite otherwise with lithotomy. Its achievements are altogether modern, and the mortality from lithotomy in the hands of practised adepts bears no comparison with that of earlier days. An amount of kidney-disease which forbids the idea of lithotomy does not, in Sir Henry Thompson's opinion, necessarily contra-indicate lithotomy. He instanced seven recent cases in which, notwithstanding evidence of advanced disease of the kidneys of a formidable kind, he had relieved patients in the wards from the torments of calculi in the bladder. He ridiculed the idea of ascertaining the extent to which the ureters are dilated by plessimetry, as M. Piorry has suggested, and asked whether that physician would undertake by plessimetry to map out the lumbar plexus in the healthy body,—the easier achievement of the two.

The lecture was bold and honest, and, although it

will no doubt excite criticism, its author will not shrink from bringing his statements to the test of clinical experience, on which, indeed, they are founded.

There is no use in shirking the fact that lithotomy in the hands of a highly-practised and thoroughly-skilled operator is a very different thing from the same proceeding in the hands of a good surgeon not thoroughly practised. Every surgeon of ordinary knowledge and capacity can lithotomize, and do it as well as another. A very small difference in skill, tact, and experience in lithotomy makes an immense difference in the results. It is painful and surprising to see how skilful surgeons "bungle" with the lithotrite, after having seen Thompson handle the instrument.

An unpleasant impression has been produced here by an oration delivered by Mr. Hancock, as Hunterian orator, at the Royal College of Surgeons. The oration was a studied denunciation of preliminary examinations in arts. No doubt occasional hardships occur in the rejection of youths who possess fair abilities but yet have failed to master an adequate knowledge of arts and letters. But there are very few indeed, however, who do not admit the necessity of a preliminary test which shall prove that aspirants for medical diplomas have the ordinary education of English gentlemen; and besides one or two of the elder school of unlettered practitioners, to which Mr. Hancock belongs, he finds no sympathizers. Mr. Hancock has, however, a *fidus Achates* in one of the subordinate officials of the college, who, to the great scandal of the profession, procured by means at his disposal the admission of a very full report of this oration in the columns of the *Times*, and so gave to an address which was really an anachronism something of a representative character. The medical press has been unanimous in its condemnation of the address, and Mr. Hancock's colleagues are by no means well pleased.

The Societies are in active operation. A very interesting case was brought lately before the Royal Medical and Chirurgical Society, in which a needle which had lodged in the heart for seven days was successfully cut down upon and removed by Mr. Callender, at St. Bartholomew's Hospital. A discussion has been opened at the Clinical Society of London on the influence of excessive exertion—such as that in which the amateur athletes of our universities and public schools indulge—upon the heart. Some very strong evidence of its injurious effects was adduced, and the whole subject is likely to be fully discussed. I will presently summarize the conclusions.

The Medical Society of London, the oldest, but of late years the least esteemed, of our medical societies, is making an effort to raise itself in the scale of scientific esteem, and not without success. It has the advantage of an ancient foundation and of endowed funds: nevertheless, until lately it has been the resort chiefly of third-rate talents and of the demi-monde of medical science. It has been a good deal improved by the efforts of such men as Dr. Andrew Clark, Dr. Richardson, and Dr. Habershon, and it is about to celebrate its

centenary by going into new and handsome premises, establishing printed proceedings, and other measures which indicate revived prosperity. It is never likely, however, to rise much above the fifth or sixth place among the London societies.

A new monthly journal, *The Obstetric Journal*, is announced to appear on the 1st of April. It will be edited by Dr. Aveling and sub-edited by Dr. Wiltshire,—the one a provincial practitioner of ability and energy, who has recently come to London, and the other a very energetic and hard-working young man, who is aiming with earnestness at a high place in the ranks of obstetric medicine. The prospects of this journal are considered very doubtful; but it is tolerably sure to deserve success, if it cannot command it. All the journals give a great deal of obstetric matter: three societies—the London, Edinburgh, and Obstetrical Societies—publish volumes of transactions; the *British and Foreign Medico-Chirurgical Review* and the *London Medical Record* give full obstetrical summaries: so that it is not clear whence the body of subscribers likely to support a new special journal of the kind are to come. On the other hand, the subject is one of vast interest to the great mass of practitioners, and there is little doubt that the new journal will contain good and instructive matter.

The British Medical Association will hold its annual meeting this year in London; and the occasion is likely to be one of great interest. Its former London meeting was held ten years ago, when the Association numbered less than one-half of its present roll—upwards of five thousand members—and enjoyed far less prestige. Sir William Fergusson will preside, and probably not fewer than eight hundred or nine hundred members will attend. A very influential Reception Committee has just been formed, and money is flowing in to provide a handsome reception in return for the large liberality which the great provincial and university towns have shown of late years at the successive annual meetings in Dublin, Cambridge, Oxford, Leeds, and elsewhere. A great number of distinguished foreigners will attend, and I hope that among them we shall see a large proportion of your countrymen. They are always sure to be most cordially welcomed if they take proper means to make themselves known. The meetings will be held on the 6th, 7th, and 8th of August.

#### THE "BIDDING" AT WHEELING, W. VA.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

DEAR SIR,—I have read with much regret your editorial remarks in the *Times* of Saturday the 8th instant concerning "a remarkable transaction" published in a recent number of the *Wheeling Daily Intelligencer*, which, you say, was handed you "by a friend."

If I were not sensible of the value of your good opinion, and sufficiently mindful also of the influence of the *Times* with the very best men of the profession

in all parts of the country, I should not trouble you with this note in explanation of the "Curious Inconsistency" you have recorded.

I cannot help believing that newspaper was sent from Wheeling to your Philadelphia friend for the unjust and unmanly purpose of leading him, if possible, and others into a participation of the prejudice of the *sender* against one of "the two gentlemen" to whom you have referred as having offered their professional service to Ohio County at poor pay, "in the face of their own remonstrance against the very proposal to them so to underbid one another."

Fearing some such discourteous use of the paper containing the proceedings of the County Commissioners, I sent to the editors of the *Intelligencer* the following communication, which, if an excuse to misrepresent me had not been sought, should have followed quickly the previous day's paper to your friend:

"WHEELING, February 4, 1873.

"To the Editors of the *Intelligencer*.

"In your report of the proceedings of the County Commissioners in session yesterday, I am so much misrepresented that I cannot suffer the publication to pass without calling your attention to the awkward and erroneous position in which you have accidentally placed me.

"1. I sent in *no bid* to 'render medical and surgical attendance to the poor, including service at the jail to county prisoners, the examination of lunatics, and conduct *post-mortem* examinations,' in answer to an advertisement for proposals for such service, bearing date the 15th of January.

"2. I was *not* a candidate for the new office created and filled yesterday to supply the above-named public service at the pay of \$500 per annum.

"For more than two years I have been serving the poor within the city limits by special contract with the late Board of Supervisors. That contract expired January 1, and I sent to the Clerk of the Board the following note, several days prior to the meeting of the Commissioners when the advertisement for proposals, etc., was authorized to be published:

"WHEELING, January 6, 1873.

"Charles B. Cecil, Clerk County Commissioners.

"DEAR SIR,—There being no provision since January 1 (when my contract expired) for medical service to the poor within the city limits, I have not discontinued my attentions to several needy patients who are still on hand. In other words, I shall continue my services to the sick poor until otherwise instructed by the proper authorities. Should the new Board of Commissioners desire to renew my former contract, I am willing to accept its terms for another year,—that is, \$350 for service to the poor within the city limits. If not for the year, I am sure they will not object to *paying me* for service rendered until my successor is appointed."

"Very respectfully,

"JAMES E. REEVES."

My contract was to supply simply medical and surgical attendance to the poor, "on the order of an overseer of the poor or member of the Board of Supervisors." This contract I proposed to renew for the reasons stated; and my proposition antedates the advertisement for proposals for the joint service to the poor, to the jail, etc., etc.; and hence it was in no wise a *bid*; nor did this letter authorize the use of my name as a candidate when the new office was filled.

"Why the Board advertised for bids" can be easily answered. At the January meeting of the Commissioners it was discovered that my contract had expired; but, for some reason, my letter as above, addressed to the clerk, was not read. At this point in their proceedings a proposition was received from Dr. Bates, Jr., to continue the service I had been performing at the same rate of pay, \$350 per annum; but it was rejected, and a resolution carried to advertise for bids not only for "attendance on the poor," but for the additional service of "examinations of lunatics, and post-mortem examinations in case of medico-legal investigations, to be awarded to the lowest bidder by the year."

The next day after these proceedings, I met two of the Commissioners, and assured them that no physician in good standing would *bid* for the service proposed; that if the action of the Board was adhered to, the result would be, the duties required would surely fall into *irregular* and incompetent hands.

After this conversation with those gentlemen, it was agreed by the committee having the matter in charge to propose an ordinance prescribing all the required duties, and have the same ready to submit at the next meeting of the Board. The salary was fixed at \$500, and the ordinance, as proposed, adopted. The next thing in order was the election of the officer; and this is the way in which "one of these bidders who offered his services for \$350 was actually elected to serve at a salary of \$500."

In justice to the regular profession of Wheeling, it should be told that no "*bid*" from among them was made in answer to the advertisement for proposals to perform the above-described service; and that, in view of this result, the Board of Commissioners of Ohio County were induced to adopt another plan than that of selling out medical practice to the lowest bidder.

Trusting that by these lines I shall be able to disabuse your mind of the error which has been imposed upon you, I am, dear sir,

Your friend truly,

JAMES E. REEVES.

WHEELING, WEST VIRGINIA, March 10, 1873.

#### DR. LETHEBY ON FOOD IN AMERICA.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

EVERY one knows the high authority of Dr. Lethby; assured not only by his ability and learning, but also by his position and experience as, for a number of years, Medical Officer of Health to the City of London.

Reading with much interest the second edition of his lectures on "Food," a book especially rich in figures and facts upon that subject, I was struck with some statements in regard to this country, of which it would not be well for us to be ignorant, *if they be true*. The following are literal extracts:

"The sallow, weazen look of the natives of the Northern States of America is thought to be due to the indigestible preparations of Indian corn, called *mush*, *hominy*, or *johnny*, which constitute the chief portion of their daily meals." (P. 17.)

"In America the elaborateness of the *menu* for breakfast, dinner, and supper is very striking,—the breakfast in the large hotels being from eight to eleven, luncheon from one to three, dinner from six to eight, tea from eight to nine, and supper from ten to twelve; making ten hours a day for the disposal of most elaborate meals." (P. 135.)

"Hares which have fed upon the *Rhododendron chrysanthemum* are frequently unwholesome; the same is the case with pheasants in Pennsylvania and Philadelphia, which feed during the winter and spring on the buds of the laurel (*Kalmia latifolia*); and I have known many instances of serious mischief from prairie-birds, which are largely imported into this country from America, and I attribute it to the food made use of by the bird. In certain districts of North America, especially on the Alleghany Mountains, *the flesh of all the cattle is poisonous, and so also is the milk they yield, and the cheese which is made from it.*" (P. 221.) (The italics are ours.)

On the first of these assertions our deference to Dr. Lethby's authority cannot carry us further than to ask (for information?) three questions: "Are the natives of our Northern States, as a rule, sallow and weazen in appearance?" "If so, is this due to preparations of Indian meal?" and, lastly, "Do *mush*, *hominy*, or *johnny* constitute the chief portion of their daily meals?" The answers may be left to the many readers of the *Times*, as well as of Dr. Lethby's book, who live in the Northern States. Dr. Lethby's informants must have penetrated farther into the wilds of "Massachusetts and Boston" (to paraphrase one of our author's expressions) than most of us have done, to discover tribes of natives of whom either of these things is true.

About the next matter—the elaborate *menu* of all meals in America, as represented in our "large hotels"—a diffident suggestion may be made, to the effect that an average "native" scarcely ever devotes quite so much as ten hours daily to the "disposal" of his (*mush* and *johnny*?) meals. We can perhaps imagine an English gentleman, travelling at leisure, doing so. In such a case he would have to be much absorbed in his *menu* not to see that those who come in through the ten hours accomplish their meals in as short a time as the inhabitants of most other countries.

But as to the *kalmia*-poisoned pheasants of "Pennsylvania and Philadelphia" (adjacent States?): are our sportsmen familiar with them? Dr. Lethby, no doubt, has read Longfellow's poem of *Evangeline*; and there

it is told that, in our town, "the streets still re-echo the names of the trees of the forests." But it would probably be news at Augustin's or Guy's that the laurel was causing mortality at any season among their customers.

Most remarkable and important, however, is the last of Dr. Letheby's American "facts." Those cattle of the Alleghanies: are they wild or tame? Has Hayden, Leidy, or Cope yet explored those regions? We want to know. Some of us have occasionally crossed those mountains, and have even spent summer days or weeks among them; yet we have not met with the poisonous beef, veal, milk, or cheese. Are we unaccountably ignorant? Or is it just possible that Dr. Letheby may be mistaken, and even *careless*, about his facts?

Respectfully,  
HENRY HARTSHORNE.

## PROCEEDINGS OF SOCIETIES.

### MEDICAL SOCIETY OF THE COUNTY OF ALBANY, NEW YORK.

SEMI-MONTHLY MEETING, March 12, 1873.

Reported by JAMES S. BAILEY, M.D.

DR. ALBERT VAN DERVEER, PRESIDENT, in the chair.

DR. SAMUEL H. FREEMAN offered some remarks on *Laryngitis*. "This," he said, "is one of the most distressing diseases incident to humanity; but happily it is of rare occurrence, since in the greater proportion of cases in which it has occurred it has proved fatal.

"Of course slight inflammation or congestion of the surface of the mucous membrane of the larynx is not uncommon as the result of colds, induced by exposure to sudden and extreme changes of temperature, and is, in general, neither dangerous nor unmanageable; but when the inflammation affects not only the mucous membrane, but also involves the sub-mucous tissue, causing engorgement and serous effusion, or pseudo-membranous deposits, the dyspnoea and dysphagia become fearfully distressing, and the patient frequently sinks from asphyxia, unless relieved by active medication, or that *dernier ressort*, tracheotomy.

"This disease occurs almost exclusively during the early period of adult life, and usually in persons of robust habit. The treatment must be prompt and effective; and I know of no disease in which the utter impotency of homœopathic treatment is so clearly illustrated as in acute laryngitis and that class of inflammatory diseases. Cases are recorded which have terminated fatally in seven hours from the attack.

"In the treatment of a case of this distressing disease which occurred recently in my own practice, after the application of leeches and fomentations, together with the administration of slightly nauseating doses of antimony and lobelia, I made free application of the cantharidal collodion over the region of the larynx; and this seemed to prepare the way for the greatest relief which the patient experienced from the careful and persistent inhalation of the steam of boiling water.

"It is an interesting fact that the ciliated epithelium which lines the larynx, and whose functions are secretive and protective, subserves also the function of aeration, and is aided in this by the cilia preserving a proper state of moisture over every part of the membrane. These cilia, which are among the most minute objects

known to the histologist, are in incessant motion; and this motion will continue many hours after death (seventy-eight hours, according to Virchow), if the cells are kept moist.

Dr. AMOS FOWLER said that he approved of the use of steam; and his plan was to fill the room with it, and in a few hours, in cases of stridulous breathing in croup, he had noticed a marked advantage from its use.

Dr. F. C. CURTIS then related the following case: A child, at 5 years, inhaled steam from the spout of a tea-kettle; she cried for a little while, but was readily pacified with candy, and for two or three hours did not suffer much; then the breathing became difficult and the voice hoarse.

When seen, about five hours after the accident, the face was sussified, the breathing was labored and irregular, and the voice was wanting; the pulse was rapid, and the skin hot.

By passing the finger into the throat, two tumors of the size of the end of the thumb were felt at the base of the epiglottis, showing œdema of the glottis; probably it was the same condition extending into the larynx and trachea, which produced aphonia.

On this account an operation, scarifying or tracheotomy, did not seem to offer hope of success, especially considering her low condition. Hot applications were bound around the throat and chest, and the room filled with vapor by kettles of boiling water on the stove; but the next morning she was moribund, and died twenty-four hours after the injury.

Dr. CURTIS presented in this connection a hard rubber tube with a proper curve for passing it into the trachea; this was used with success in the hands of Prof. Wiederhofer at the Children's Hospital in Vienna, in cases of true croup. After being passed through the rima glottidis, the breathing became more easy. By passing a feather through the tube, considerable false membrane was entangled and removed.

Dr. AMOS FOWLER then reported a case of *gangrene of the leg*. Mr. P., at 77, was naturally strong and robust, had been in the habit of using alcoholics, tobacco, and opium for twenty-five years. For the last ten years used opium and tobacco to excess.

December 20, 1872, paralysis occurred on the left side. Nothing unusual appeared in his case, excepting a great torpor of the bowels, until January, 1873, when the left foot began to swell, increasing until the last of the month, when gangrene commenced in the leg, a little above the foot. This spread slowly, involving the whole foot and the lower part of the leg. His appetite remained good, and his pulse was seventy, until the middle of February. After this his mind became dull; in a few days more he was seized with convulsions, which continued at short intervals until his death, February 20. He called for more opium as long as he could speak.

Prof. JAMES MCNAUGHTON reported a case occurring in his practice in a person at 40, naturally strong and of full habit, who had been subject to slight attacks of rheumatism. He first suffered from pain in one arm, which was followed by coldness of the member and paralysis, and a line of demarcation was soon established above the elbow. The late Dr. Alden March saw the case with him, and amputation was advised. When cut, the blood flowed like venous blood. The patient recovered, after extensive sloughing.

Dr. MCNAUGHTON remarked that this case illustrated the effect of paralysis upon the circulation, which seemed to be to coagulate the blood. This was the only case of the kind that he had observed in a practice of over fifty years.

This patient was entirely temperate, and of sedentary habits.

Dr. VAN DERVEER presented three specimens of spleens, two of them unusually large, and then gave

the following case: Mrs. B., *aet. 36*; married six years; had menstruated regularly, but not freely; ceased three months previous to death. Has never had intermittent fever. Had been under treatment at the Woman's Hospital, N.Y., in the fall of 1870, for no specific disease. She never was pregnant; her health had not been good for several years; she was laboring under an impression that she had cancer, and consulted Dr. March regarding a tumor in the breast. The tumor was first discovered in the left side in the summer of 1872. At the time of her death she was being treated by an eclectic in this city, for uterine disease.

*Sectio cadaveris.*—Nothing of importance found but an enormously enlarged spleen, which weighed nearly four pounds, measured in length  $10\frac{1}{2}$  inches, and was 5 inches in width at the broadest extremity and 4 inches at the narrowest. In thickness  $3\frac{1}{2}$  to 4 inches. Capsule firmly adherent. On section it covered the knife with fat. There was extensive peritonitis from the left inguinal to the left lumbar region, and the intestines were distended with fluid.

Dr. Bright (On Abdominal Tumors and Intumescence) says, "The spleen is an organ which, both from the obscurity in which its natural functions are involved, and from the situation which it occupies in the body, presents when diseased some difficulties in regard to diagnosis which are not shared by many other organs. Moreover, its healthy condition probably admits of so much variety, and so many changes as to bulk and consistence, that in a pathological point of view it is not always easy to make out the limit at which morbid change or degeneration of structure actually begins."

Dr. Bright speaks of spleens in Guy's Museum, one weighing only thirteen ounces and ten grains, and an apparently healthy one weighing nearly two pounds.

Rokitansky says of enlarged spleens, "A coagulable fibrinous deposit takes place, and the tumor, therefore, in proportion to the amount of coagulation becomes hard, elastic, and indurated; the parenchyma is of the reddish-brown color of fresh muscle, and presents on section a fleshy (sarcomatous) appearance; by degrees the coloring-matter is absorbed; the organ then presents a pale though yellowish or reddish-white appearance, and resembles fibrin that has been washed.

"During the hyperæmia the fibrous trabeculae also increase in quantity and toughness, so that the tumor becomes more resistant; the fibro-serous capsule is also rendered more opaque, and is thickened; it is invested with a cellular pseudo-membrane, resulting from peritoneal inflammation, and is thus attached to the abdominal parieties."

He also speaks of "*fleshy hardness with enlargement*," and remarks, "In this state the spleen often attains to a prodigious size, filling up the whole left side of the abdomen. It produces very little constitutional irritation, and chiefly injures by its bulk and its tendency to favor serous effusions. It is astonishing with what rapidity this enormous growth occasionally takes place; but in this respect we are liable to be deceived, for it is attended by so little pain that in many cases the increase has been taking place gradually long before some accidental circumstance leads to its discovery."

*Microscopical Appearance of the Large Spleen.*—The trabeculae and Malpighian tufts are enlarged, as well as the blood-vessels; the whole tissue seems very much hypertrophied. No abnormal deposits, infiltration, or pathological conditions are evident excepting hypertrophy.

Dr. J. B. STONEHOUSE presented cases by which the haemostatic properties of ergot were proved, and remarked, "About one year ago I became interested, from the statements in foreign and American journals, in the alleged haemostatic properties of ergotin. Procuring

some, I determined to test it as far as my practice permitted. The solution used was in the proportion of a half-drachm of ergotin to the drachm of water."

Dr. Stonehouse presented notes of five cases in which its use was successful, and hoped others would give it a trial, and thus lead to a more extensive use, which he believed it to deserve.

## OBITUARY.

**D**R. HUGH L. HODGE, the son of Dr. Hugh and Maria Blanchard Hodge, was born in this city on the 27th of June, 1796. His father studied medicine with Dr. Cadwalader, served in the army, subsequently practised his profession in Philadelphia, where he was a Fellow of the College of Physicians, and died in 1798.

Having graduated with the highest honors at Princeton College, N.J., in 1814, young Hodge studied medicine at the University of Pennsylvania, as a private pupil of Professor Caspar Wistar. He took his degree in 1818, and, as was then a frequent custom, he went to India as surgeon to a merchant-vessel. Returning home, he began the practice of his profession in 1820, and married Miss Margaret Aspinwall, of New York. He became physician to the Southern Dispensary, afterwards to the Philadelphia Dispensary, in 1823 physician to the Almshouse Hospital, and in 1830 Obstetric Physician to the Pennsylvania Hospital. His exertions in the cholera hospitals in 1832 obtained the recognition of a vote of thanks and a silver pitcher from the city.

Dr. Hodge's career as a teacher began in 1821, when he took the private anatomical class of Dr. W. E. Horner, who was in Europe. In 1823 he became Lecturer on Surgery at the Medical Institute. But the Professorship of Obstetrics and Diseases of Women and Children in the University of Pennsylvania, conferred on him in 1835, was the main work of his life. He filled this important post until 1863, with a dignity and faithfulness which many practitioners all over our country will remember, and on his retirement was constituted Emeritus Professor. In 1871 he received the degree of LL.D. from Nassau Hall, Princeton.

A very large family- and consultation-practice flowed in upon Dr. Hodge, strangers coming to the city, especially from the South and West, to obtain the advantages of his advice and treatment. Few physicians have ever possessed the confidence and love of their patients in a larger degree. His great and varied experience he utilized in the invention and improvement of obstetric instruments; the best-known being his forceps, his pessaries of several forms, and a cephalotribe.

Dr. Hodge's principal literary work was his "System of Obstetrics," a large quarto, containing an admirable exposition of the views which he had so ably presented to his classes for twenty-eight years. This book, which appeared in 1863, had been preceded by a smaller one, on the "Diseases Peculiar to Women," in 1860. During the first few years of his professional life he was one of the editors of the *North American Medical and Surgical Journal*, and contributed to it a number of reviews and original articles. Papers by him appeared also in the *American Medical Journal*, and in the *American Journal of the Medical Sciences*; two of the latter, on "Syncytism of the Foetal Head," excited a good deal of discussion a few years ago. A number of his introductory lectures were also published from time to time: one, on "Criminal Abortion," after being several times reprinted, was lately issued afresh under the title "Fœticide." He would have been a much more prolific writer, but for the pressure of his professional engagements during so many years.

Dr. Hodge was not only a man of singular modesty, purity, and temperance, but of earnest and devoted piety. He was at the same time positive in his opinions and courteous in defending them. His conscientiousness in the performance of duty in every relation of life was one of the most marked features of his character. To the last he was at work: on the very day that his brief final illness began, he saw patients, and was occupied with his amanuensis in the preparation of an article on "Cephalotripsy."

He died of angina pectoris, after only twenty-six hours of suffering, on the 26th day of February, leaving behind him a character of spotless integrity. Five sons survive him, only one of whom, Dr. H. Lenox Hodge, has adopted the same calling.

## GLEANINGS FROM OUR EXCHANGES.

**THE EFFECTS OF QUININE UPON THE UTERUS** (Von Josch: *Wiener Med. Presse*, No. 36, 1872).—The important consideration appears to be whether we dare assume that quinine acts upon the fibres of the sympathetic; but we have to consider this question as unsatisfactorily answered at present. The author, who appears to have had considerable experience both in clinics and private practice, says that most physicians must have noticed that in the early stages of gravidity quinine possesses the power of producing slight contractions in the uterus. It possesses the same power in the post-partum period. Its use, however, is at least "superfluous" in the latter stage, if considered as a means of producing efficient contractions of the womb. In order to admit this, we have but to consider the causes which produce retention of the placenta. The most frequent are:

1. Atony of the uterus.
2. Irregularity of the uterine contractions, contractions operating in the wrong direction (Nägele, Grenser), tonic spasms (*strictura uteri spastica*), and clonic spasms (Hegar); or
3. Abnormally firm adhesions.

The rarer causes are—(a.) Abnormal position of the placenta,—very deep or in the uterine end of the Fallopian tube.

(b.) Narrowness of the parts concerned in parturition, especially in the early months of pregnancy, or secondary narrowness in consequence of impaction of the rectum or fulness of the bladder.

(c.) Abnormally large placenta (?), *Placenta succenturiata*, and deformities of the placenta.

(d.) Considerable deflexion of the uterine axis from the central line of the pelvic canal.

Simple presence of the loose placenta in the vagina cannot be considered retention of the *after-birth*, because in such a case simple traction upon the umbilical cord will bring away the placenta.

If the physician desires to use a drug to produce contraction of the uterus, he could desire such a remedy only in cases of atony of the uterus; for in the second condition already noted any means productive of contractions could in no way relieve the already faulty direction of the contraction. And in the third instance no remedy is of avail. These cases of firmly adherent placentae are so rare as to be denominated "myths" ("Gespenste," Credé). In cases of atony of the uterus where post-partum hemorrhage is threatened, the author thinks that "Credé's method" is far superior to any drug.

He says that since this method has been generally taught and practised in *normal labor*, atonic conditions of the uterus are much less frequent than heretofore. Since the method is simple, every obstetrician should

try it before resorting to one more complicated. The conclusions concerning the foregoing questions are:

1. Empirically it is very probable that contractions of the uterus may be produced in the *post-partum* period by the administration of a large dose of quinia, although we do not know the physiological connection.

2. Its use, like that of the much-vaunted ergot, in the post-partum period, is superfluous, and is to be rejected for more exact and fitting treatment.

**TREATMENT OF ANEURISMS.**—Prof. Billroth, in the sixth edition of his work on the General Principles of Surgery, 1872, describes the following methods: 1. Compression of the tumor itself. 2. Compression of the trunk above the tumor; and of the different modes of applying the pressure he enumerates that with the finger, that by forcible flexion, and that by various compressors, tourniquets, etc. 3. Ligation of the artery by Anel's, Hunter's, and Wardrop's methods. 4. Injections of various kinds, as of perchloride of iron and of solution of ergotin. 5. Electro-puncture. 6. Ablation of the entire swelling (method of Antyllus). In commenting upon these different methods, Prof. Billroth remarks that sometimes one and sometimes another is to be preferred. As a general rule, however, in view of the very numerous and favorable cases that have been reported from the employment of compression, he thinks this should be first tried, and not too early given up. When, as is usual in traumatic cases, the tumor is widely diffused, Antyllus's method, the complete ablation of the whole mass, is to be preferred. It is quite practicable with good assistants. If this plan be not adopted, then recourse must be had to Anel's or Hunter's method. Ligation of the larger vascular trunks would always be performed as the best and simplest means for the cure of aneurism, were it not that secondary hemorrhage takes place so frequently from the part ligatured. Professor Billroth suggests that some plan may even yet be discovered which possesses the advantages without the disadvantages of the ligature. Injection with liq. ferri is least available in cases of spontaneous and traumatic aneurism. In varicose aneurism and aneurismal varix, the ligation of the artery above and below the opening is the most certain means of cure.

**TREATMENT OF PSORIASIS** (*La France Médicale*, January 15, 1873).—Psoriasis is not in itself a serious disease, says M. A. de Montméja, but it is obstinate, and those who have once been affected by it are very liable to relapses. It is often hereditary, manifesting itself only when the adult period is reached, after which it may be either intermittent or inveterate. In the present state of our therapeutical knowledge, we must not imagine that we can effect a radical cure of psoriasis; we may clear the skin, or hasten the evolution of an attack, but it is impossible to prevent relapses. The treatment is divisible into that by local and general means. The general treatment consists in the administration of mild and frequently repeated aperients, and of arsenical and sulphuretted preparations, as well as of those containing cantharides. M. Hardy prefers small doses of the arseniate of soda to the other preparations of arsenic. M. de Montméja has obtained considerable success from the employment of two drops of tincture of cantharides in a glass of eau sucrée, the dose being increased up to thirty drops per diem. Its use, however, requires extreme care and vigilance. Copava is sometimes very useful when given internally. In addition to these means, the waters containing sulphur, of Saint Honoré-les-Bains, Baréges, Aix-en-Savoie, may be tried, especially in inveterate cases. The local treatment that is found most beneficial is the application of vapor baths, and either warm alkaline or sulphurous baths, with ointments containing the empy-

reumatic oils. It is rare for sulphuretted oils to prove of any service, and if mercurial ointments are used, care should be taken when the scabs have fallen off, lest salivation be induced. The oil of Cade, with three parts of lard, is very useful.

"NORMAL" OVARIOTOMY.—The *Medical and Surgical Reporter* learns from a correspondent in Georgia that Dr. Battey's extirpation of the normal ovaries "is a failure. The menstrual molimen and sanguineous discharge, with great suffering, still occur monthly."

## MISCELLANY.

ERRONEOUS.—The *Pacific Medical and Surgical Journal* finds fault with one of our contemporaries for stating that "three hundred women have made application to study medicine in San Francisco," and justly thinks that "a statement so improbable on its face" ought not to be circulated, at least without the authority for it being given.

ACCORDING to the *Lancet* of February 22, there are at present more candidates for positions in the British naval medical service than there are vacancies to be filled,—a circumstance which has not occurred before for twenty years. A large proportion of the applicants are Irishmen; sixteen being of this race to one Londoner and two Scotchmen.

VISITORS FROM BALTIMORE.—The building committee of the John Hopkins Hospital of Baltimore were in Philadelphia March 22, for the purpose of examining the Episcopal Hospital. The visitors while at that institution made themselves thoroughly acquainted with its construction and management.

FAILED.—It will be a matter of sincere regret to the many friends of the Jefferson Medical College if, as we are told, their application to the State Legislature for an appropriation towards the establishment of a hospital in connection with the school was denied. The grounds of the refusal are not known to us.

COMMENCEMENT.—The Philadelphia College of Pharmacy held its Fifty-second Annual Commencement on the 18th inst. The graduating class numbered ninety-four. The valedictory address was delivered by Prof. Robert Bridges, M.D.

DEATHS.—Dr. Uriah G. Bigelow, a prominent and much-respected practitioner of Albany, N.Y., died on the 24th of February, in the 53d year of his age.

Dr. Abner Phelps died in Boston on the same day, at the age of 95.

ON the 24th of March the following gentlemen were elected resident physicians to the Philadelphia Almshouse Hospital: Drs. Edward T. Bruen, James M. McCauley, John M. Keating, C. K. J. Miller, Juan G. y Guiteras.

DR. BENCE JONES, of London, the well-known authority on medical chemistry, is reported to be very ill with ascites and anasarca.

A CORRESPONDENT of the *British Medical Journal* has been "requested to attend gratuitously a woman who claimed exemption from surgical fees 'because she had a cousin whose friend was a medical man.'"

DISINFECTANTS.—A student, undergoing his examination, was asked what was the mode of action of disinfectants. He replied, "They smell so badly that the people open the windows, and the fresh air gets in."

MEDICAL DIRECTOR Joseph Beale, U.S.N., has been appointed Inspector-General of Hospitals and Fleets, his duties to begin on April 1.

MORTALITY OF PHILADELPHIA.—The interments reported at the Health Office for the week ending March 22, 1873, were 334; 193 adults, and 141 minors. 13 were of bodies brought from the country; making the mortality of the city 321. Among the assigned causes of death were:

Consumption of the Lungs	49
Other Diseases of the Respiratory Organs	65
Diseases of the Circulatory Apparatus	20
Diseases of the Brain and Nervous System	47
Diseases of the Digestive Apparatus	25
Zymotic Diseases (13 from Scarlet Fever)	31
Typhoid Fever	15
Casualties	5
Cancer	6
Diseases of the Urinary Organs	3
Suicide	1
Murder	1
Debility (including "Inanition" and "Marasmus")	24
Still-born	16
Old Age	11

(The interments reported for the week ending March 23, 1872, were 416.)

THE meteorological record kept at the Pennsylvania Hospital was as follows:

	THERMOMETER.	BAROMETER.	
		Max.	Min.
Mar. 16	52.0°	37.0°	30.10 in.
" 17	45.0	33.0	30.39 in.
" 18	61.0	33.0	29.99 in.
" 19	56.5	42.5	30.04 in.
" 20	42.5	40.0	29.72 in.
" 21	41.0	31.0	29.76 in.
" 22	46.0	35.0	29.97 in.

## OFFICIAL LIST

### OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM MARCH 18, 1873, TO MARCH 24, 1873, INCLUSIVE.

MCKEE, J. C., SURGEON.—Granted leave of absence for six months, on surgeon's certificate of disability, with permission to go beyond sea. S. O. 57, A. G. O., March 19, 1873.

BILL, J. H., SURGEON.—Assigned to temporary duty at David's Island, New York Harbor. S. O. 55, Department of the East, March 22, 1873.

ALDEN, C. H., SURGEON.—Granted leave of absence for four months, with permission to go beyond sea. S. O. 56, A. G. O., March 18, 1873.

TILTON, H. R., ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Fort Wadsworth, New York Harbor. S. O. 55, c. s., Department of the East.